07/14/2008 16:35

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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

TONIN 3X	For O	ther Than An	Authorized Con	nmittee		Office Use Only	
NAME OF     COMMITTEE (in full)		EC MAILING LA PE OR PRINT		typing, type es			
Ohio State Medical A	ssociation Politi	cal Action Comm	ittee				
ADDRESS (number and str	reet) 340	1 Mill Run Dr					
Check if differer than previously reported. (ACC)	nt L	ard			OH	43026	- <u>9078</u>
2. FEC IDENTIFICATION	ON NUMBER	<b>\</b>	CITY 🛕		STATE	ZIPCO	DDE 🛕
C00003327			3. IS THIS REPORT	NEW (N) <b>OR</b>	A (A	MENDED A)	
4. TYPE OF REPOR (Choose One)  (a) Quarterly Repor  April 15 Quarterly R  X July 15 Quarterly R  October 15 Quarterly R  January 31 Quarterly R  July 31 Mid Report(Nor Year Only)  Terminatior (TER)	ts: deport(Q1) deport(Q2) deport(Q3) deport(YE) deport(YE) deport(MY)	(d) 30-Day Post -Electric Report for	on the: Conve	May 20 (M5)  Jun 20 (M6)  Jul 20 (M7)  y (12P)  ntion (12C)  al (30G)	Sep	in the	Special (30S)
5. Covering Period	0 4	01 200	un'	ough 06	30	2008	
I certify that I have examin  Type or Print Name of Tre	· +·	and to the best of mothy I. Maglione	my knowledge and bel	ef it is true, correct	and complete.		
Signature of Treasurer	Electronically F	iled by Timothy	/ I. Maglione		Date 07	1 4	2008
NOTE : Submission of fall	se, erroneous, o	or incomplete info	rmation may subject th	e person signing th	is Report to the	e penalties of 2 U.	S.C 437g.
Office Use						FEC FOR	-

FE6AN026

FEC Form 3X (Rev. 02/2003)

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name Ohio State Medical Association Political Action Committee D D " D 0 4 0 1 2008 0.6 3 0 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2008 217407.94 January 1 (b) Cash on Hand at 182703.47 Begining of Reporting Period ..... 44334.27 91374.97 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 227037.74 308782.91 6(a) and 6(c) for Column B) ..... 45146.79 126891.96 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 181890.95 181890.95 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

2008

3<sup>D</sup>0

2008

0.00

91374.97

91374.97

м м 0 6

To:

0 1

м м 0 4

Write or Type Committee Name

Report Covering the Period:

Ohio State Medical Association Political Action Committee

From:

**COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 42394.66 25896.33 (i) Itemized (use Schedule A) .......... 18353.77 45151.48 (ii) Unitemized ..... (iii) TOTAL (add 44250.10 87546.14 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 44250.10 87546.14 Totals to Line 33, page 5) ...... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 84.17 3828.83 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ......

0.00

44334.27

44334.27

(c) Total Transfer (add 18(a) and 18(b)).

12, 13, 14, 15, 16, 17, and 18(c)) .....

(subtract Line 18(c) from Line 19) .....

19. Total Receipts (add Lines 11(d),

20. Total Federal Receipts

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ul><li>Operating Expenditures:</li><li>(a) Shared Federal/Non-Federal</li></ul>		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		
(ii) Non-Federal Share		0.00
(b) Other Federal Operating	0.00	600.65
Expenditures(c) Total Operating Expenditures	0.00	600.65
(add 21(a)(i), (a)(ii) and (b))	• 0.00	600.65
. Transfers to Affiliated/Other Party		
Committees	9180.00	23390.00
Federal Candidates/Committees	-3272.58	-3272.58
and Other Political Committees  Independent Expenditure		0272.30
(use Schedule E)	0.00	0.00
Coordinated Expenditures Made by Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
(use Schedule F)		
Loan Repayments Made		0.00
	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	0.00	0.00
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c)) .	• 0.00	0.00
Other Disbursements		106173.89
. Federal Election Activity (2 U.S.C 4	31(20))	
(a) Shared Federal Election Activity	, ,,	
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid E		0.00
With Federal Funds	. 0.00	0.00
(c) Total Federal Election Activity (a	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30	(b))	
. Total Disbursements (add Lines 21)	c). 22.	
23, 24, 25, 26, 27, 28(d), 29 and 30	45440.70	126891.96
. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(	a)(ii) 45146.79	126891.96
from Line 31)		1/004140

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	44250.10	87546.14
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	44250.10	87546.14
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	600.65
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	600.65

FE6AN026

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 42 (check only one)    X   11a
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Ohio State Medical Association Politic	cal Action Co	ommittee	
	Full Name (Last, First, Middle Initial) Dr. Evangeline C Andarsio			Date of Receipt
	Mailing Address 841 Timberlake Ct	2: :	7: 0 !	04 04 2008
	City Kettering	State OH	Zip Code 45429-3495	Transaction ID: T24150  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Drs Andarsio & Morales MD	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For:  Primary  General  Other (specify) ▼		e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Dr. Samia W Borchers			Date of Receipt
	Mailing Address 111 Thruston Blvd W			04 04 2008
	City	State	Zip Code	Transaction ID: T24144
	Dayton	OH	45419-3333	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Samia W Borchers MD Inc	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		400.00	
_	Full Name (Last, First, Middle Initial) Dr. Johannes O Olsen			Date of Receipt
	Mailing Address 4645 Stonehaven Dr			04 04 2008
	City	State	Zip Code	Transaction ID: T24151
	Columbus	ОН	43220-2855	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00  A Contribution to the Fed-
	Name of Employer The Ohio State University Medical Cent	Occupatio Doctor	_	eral PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 42 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Ohio State Medical Association Politi	cal Action Co	ommittee	<u>-</u>
	Full Name (Last, First, Middle Initial) Dr. Mary Jean Wall			Date of Receipt
	Mailing Address 251 Euclid Ave			04 10 2008
	City Bellevue	State OH	Zip Code 44811-1045	Transaction ID: T24212  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Ohio Permanente Medical Group Inc Receipt For:  Primary General Other (specify) ▼	Occupation Doctor Aggregate	e Year-to-Date ▼	A Contribution to the Federal PAC
_	Full Name (Last, First, Middle Initial) Dr. Harris Slavin Schild	<u> </u>		Date of Receipt
	Mailing Address 3925 Deerpath Dr			04 15 2008
	City	State	Zip Code	Transaction ID: T24239
	Sandusky  FEC ID number of contributing federal political committee.	ОН	44870-6088	Amount of Each Receipt this Period  300.00
	Name of Employer The Eye Team Inc	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
	Full Name (Last, First, Middle Initial) Dr. Lisa Bohman Egbert			Date of Receipt
	Mailing Address 790 W Rahn Rd			0 4 1 7 2 0 0 8
	City	State	Zip Code	Transaction ID: T23245
	Kettering FEC ID number of contributing federal political committee.	ОН	45429-2043	Amount of Each Receipt this Period 83.33
	Name of Employer Paragon Womens Care Inc	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 333.32	
Γ	SUBTOTAL of Receipts This Page (optional)			683.33

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS	for e	separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 8 / 42 (check only one)    X
Ar	ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be he name and address of	sold or used by any personany political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Ohio State Medical Association Poli	tical Action Committe	ee	
١.	Full Name (Last, First, Middle Initial) Dr. Charles E Smith	NE		Date of Receipt
	Mailing Address 5320 Plain Center A			04 18 2008
	City Canton		o Code -714-1166	Transaction ID: T24293  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Diabetes & Endocrinology Associates Of	Occupation Doctor		A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify)	Aggregate Year-to	500.00	
	Full Name (Last, First, Middle Initial) Dr. Thomas Edward Syzek			Date of Receipt
	Mailing Address 6386 Turpin Hills Dr			04 18 2008
	City		Code	Transaction ID: T24298
	Cincinnati  FEC ID number of contributing federal political committee.	C	244-3559	Amount of Each Receipt this Period 500.00
	Name of Employer Premier Health Care Servi- ces Inc	Occupation Doctor		A Contribution to the Federal PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to	o-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr. Marvin Horton Rorick, III			Date of Receipt
	Mailing Address 8020 Peregrine Ln			04 18 2008
	City		Code	Transaction ID: T24299
	Cincinnati FEC ID number of contributing federal political committee.	OH 45	243-2714	Amount of Each Receipt this Period 500.00
	Name of Employer Riverhills Healthcare Inc	Occupation Doctor		A Contribution to the Federal PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to	D-Date ▼ 1500.00	
	UBTOTAL of Receipts This Page (optional)	1		1500.00

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 42 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
Ar	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Ohio State Medical Association Politi	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>∠</b> <b>4</b> .	Full Name (Last, First, Middle Initial) Dr. Karl William Kumler, Jr. Mailing Address 2658 Brentwood Rd			Date of Receipt
	City Bexley	State OH	Zip Code 43209-2111	Transaction ID: T24297  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00  A Contribution to the Fed-
	Name of Employer Columbus Bone Joint & Hand Surgeons In Receipt For:  Primary General Other (specify) ▼	Occupation Doctor Aggregate	e Year-to-Date ▼ 300.00	eral PAC
3.	Full Name (Last, First, Middle Initial) Dr. Robert Erik Kose Mailing Address 4015 Albon Rd			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: T24339
	Monclova  FEC ID number of contributing federal political committee.	ОН	43542-9340	Amount of Each Receipt this Period  300.00
	Name of Employer Pulmonary & Critical Care Specialists Receipt For: Primary General Other (specify)	Occupation Doctor  Aggregate	e Year-to-Date ▼ 300.00	A Contribution to the Federal PAC
 ;.	Full Name (Last, First, Middle Initial) Dr. Aaron Christophe Mack Mailing Address 122 W North Broadw	ay St		Date of Receipt  0 4 2 4 2 0 0 8
	City	State	Zip Code	Transaction ID: T24340
	Columbus  FEC ID number of contributing federal political committee.	ОН	43214-4017	Amount of Each Receipt this Period  300.00
	Name of Employer Canyon Eye Associates Inc	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
s	UBTOTAL of Receipts This Page (optional)			900.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 42 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Ohio State Medical Association Politic	e name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Charles Joseph Hickey Mailing Address 1590 Barrington Rd  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Columbus Ophthalmology Associates Inc Receipt For: Primary Other (specify)	State Zip Code OH 43221-3882  C  Occupation Doctor  Aggregate Year-to-Date ▼  300.00	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Wuu-Shung Chuang  Mailing Address 395 Edgemeer PI  City Oberlin  FEC ID number of contributing federal political committee.  Name of Employer Oberlin Internal Medicine Associates I Receipt For:  Primary General Other (specify)	State Zip Code OH 44074-1402  C  Occupation Doctor  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / 25 / 2008  Transaction ID: T24364  Amount of Each Receipt this Period  500.00  A Contribution to the Federal PAC
Full Name (Last, First, Middle Initial) Dr. Stannard Baird Pfahl, Jr.  Mailing Address 922 Hidden Valley Dr  City Huron  FEC ID number of contributing federal political committee.  Name of Employer Retired  Receipt For: Primary General Other (specify)	State Zip Code OH 44839-2688  C  Occupation Doctor  Aggregate Year-to-Date   500.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1300.00

SCHEDULE A (FEC FO	Use separate schedule for each category of the Detailed Summary Page 1	the (crieck only only)
or for commercial purposes, other to	nan using the name and address of any political com-	any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Ful Ohio State Medical Associa	) tion Political Action Committee	
Full Name (Last, First, Middle In Dr. Damon Matthew Whitfield	, 	Date of Receipt
Mailing Address 326 Olenta	ngy Ridge Pl	04 28 2008
City	State Zip Code OH 43065-9657	Transaction ID: T24376
Powell  FEC ID number of contributing federal political committee.	OH 43065-9657	Amount of Each Receipt this Period 500.00
Name of Employer Mount Carmel Health Partners Receipt For: Primary Other (specify)	Occupation Doctor  Aggregate Year-to-Date	A Contribution to the Federal PAC
Full Name (Last, First, Middle In Dr. Claire V Wolfe Mailing Address 5521 Indian	, 	Date of Receipt
	HIII Ra	05 06 2008
City	State Zip Code	Transaction ID: T24415
<u>Dublin</u> FEC ID number of contributing federal political committee.	OH 43017-8243	Amount of Each Receipt this Period  300.00
Name of Employer Ohio Orthopedic Center Of Excellence I	Occupation Doctor	A Contribution to the Federal PAC
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name (Last, First, Middle In Dr. Donna Ailport Woodson	tial)	Date of Receipt
Mailing Address 1400 River	Rd	M M / D D / Y Y Y Y Y O S O S O S O S O S O S O S O
City	State Zip Code	Transaction ID: T24466
Maumee  FEC ID number of contributing	OH 43537-3552	Amount of Each Receipt this Period 300.00
federal political committee.  Name of Employer University Of Toledo College Of Medici	Occupation Doctor	A Contribution to the Federal PAC
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	0.00
	e (optional)	1100.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 42 (check only one)    X
A oı	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Ohio State Medical Association Politi	cal Action Co	ommittee	
•	Full Name (Last, First, Middle Initial) Dr. Richard Joseph Wyderski			Date of Receipt
	Mailing Address 164 Earlsgate Rd			05 06 7 2008
	City Dayton	State OH	Zip Code 45440-3666	Transaction ID: T24467  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10110 0000	300.00
	Name of Employer Miami Valley Hospital	Occupation	n	A Contribution to the Federal PAC
	Receipt For:  Primary  General  Other (specify) ▼		e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Dr. Gerald Melville Penn			Date of Receipt
	Mailing Address 2800 Squires Ridge			05 06 YYYYY 2008
	City	State	Zip Code	Transaction ID: T24419
	Columbus	OH	43220-6201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00  A Contribution to the Fed-
	Name of Employer Gerald M Penn MD PhD Inc	Occupation Doctor	n	eral PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
	Full Name (Last, First, Middle Initial) Dr. Thomas Dean Robinson			Date of Receipt
	Mailing Address 2323 Carrington St N	W		05 06 2008
	City	State	Zip Code	Transaction ID: T24491
	North Canton	OH	44720-8183	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Atrium OB/GYN Inc	Occupation Doctor	on	A Contribution to the Federal PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)			900.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 13 / 42   (check only one)
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Ohio State Medical Association Po	olitical Action Co	ommittee	
Full Name (Last, First, Middle Initial) Dr. Lance Allen Talmage, Jr.			Date of Receipt
Mailing Address 4395 Briarwood Dr			05 06 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Copley	State OH	Zip Code 44321-3010	Transaction ID: T24424  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	77321 0010	300.00
Name of Employer Anesthesiology Associates Of Akron Inc	Occupation Doctor	n	A Contribution to the Federal PAC
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Roger Scott Stienecker	I		Date of Receipt
Mailing Address 830 W High St Ste	255		05 06 YYYYY
City Lima	State OH	Zip Code 45801-5916	Transaction ID: T24479  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100010010	500.00
Name of Employer Regional Infectious Disea- ses And Infus	Occupation Doctor	n	A Contribution to the Federal PAC
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) Dr. Philip Cecil Stiff, Jr.			Date of Receipt
Mailing Address 2455 S Country Clu	ub Pkwy		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Toledo	State OH	Zip Code 43614-5005	Transaction ID: T24468
FEC ID number of contributing federal political committee.	C	43014-3003	Amount of Each Receipt this Period  300.00
Name of Employer P C Stiff Jr MD Inc	Occupation Doctor	n	A Contribution to the Federal PAC
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	al)		1100.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 42 (check only one)    X
0	ny information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Ohio State Medical Association Politic	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>/</u>	Full Name (Last, First, Middle Initial) Dr. Donald Bruce Marshall			Date of Receipt
	Mailing Address 7532 Scandinavia Dr			05 06 2008
	City Maumee	State OH	Zip Code 43537-9542	Transaction ID: T24462
	FEC ID number of contributing federal political committee.	C	45557-9542	Amount of Each Receipt this Period  1000.00
	Name of Employer Retired	Occupation	n	A Contribution to the Federal PAC
	Receipt For:  Primary  General  Other (specify) ▼		e Year-to-Date ▼ 1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. Eduardo Patricio Martinez  Mailing Address 550 Masters Ln			Date of Receipt
				05 06 2008
	City Avon Lake	State OH	Zip Code 44012-2273	Transaction ID: T24434  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	11012 2210	300.00
	Name of Employer Drs Russell Berkebile & Associates	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
_	Full Name (Last, First, Middle Initial) Dr. James Joseph Masters			Date of Receipt
	Mailing Address 7775 Annesdale Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Cincinnati	State OH	Zip Code 45243-4059	Transaction ID: T24423  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Professional Radiology Inc	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For:  Primary  General  Other (specify) ▼	<del> </del>	e Year-to-Date ▼ 400.00	
	SUBTOTAL of Receipts This Page (optional) .		<b>1</b>	1500.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 42 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
,	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Ohio State Medical Association Polit	ical Action Co	ommittee	
٩.	Full Name (Last, First, Middle Initial) Dr. James David Moore			Date of Receipt
	Mailing Address 2925 Oldtown Valley		7. 0. 1	05 06 2008
	City New Philadelphia	State OH	Zip Code 44663-7840	Transaction ID: T24480  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	44003-7,040	500.00
	Name of Employer Regional Medical Care Inc	Occupation	n	A Contribution to the Federal PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
 3.	Full Name (Last, First, Middle Initial) Dr. Donald Lee Nofziger			Date of Receipt
	Mailing Address 2055 Reading Rd Ste	05 06 2008		
	City	State	Zip Code	Transaction ID: T24439
	Cincinnati	OH	45202-1439	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00  A Contribution to the Fed-
	Name of Employer Shalom Pediatric Associates Inc	Occupation Doctor	n	eral PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
_ ;.	Full Name (Last, First, Middle Initial) Dr. Ruby Nell Nucklos	-		Date of Receipt
	Mailing Address 2401 Shellbrook Ln			05 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: T24458
	Toledo	OH	43614-1150	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00  A Contribution to the Fed-
	Name of Employer University Of Toledo College Of Medici	Occupation Doctor	_	eral PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)			1100.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 16 / 42   (check only one)			
Any information copied from such Reports and or for commercial purposes, other than using to	d Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Ohio State Medical Association Poli	tical Action Co	mmittee				
Full Name (Last, First, Middle Initial) Dr. Surendra Kumar			Date of Receipt			
	Mailing Address 30179 Morningside Dr					
City Perrysburg	State OH	Zip Code 43551-5902	0 5 0 6 2 0 0 8  Transaction ID: T24475			
FEC ID number of contributing federal political committee.	C	45551-5902	Amount of Each Receipt this Period  220.00			
Name of Employer Surendra Kumar MD Inc	Occupation Doctor	n	A Contribution to the Federal PAC			
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 220.00				
Full Name (Last, First, Middle Initial) Dr. James Robert Huey, Jr.			Date of Receipt			
Mailing Address 6863 Rose Glen Dr	05 06 2008					
City Dayton	State OH	Zip Code 45459-1392	Transaction ID: T24494  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	10102	300.00			
Name of Employer Huey & Weprin OB/GYN	Occupation Doctor	n	A Contribution to the Federal PAC			
Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00				
Full Name (Last, First, Middle Initial) Dr. Vincent F Jabour			Date of Receipt			
Mailing Address 4 Delaware Xing			05 06 2008			
City Wooster	State OH	Zip Code 44691-6904	Transaction ID: T24455			
FEC ID number of contributing federal political committee.	C	44091-0904	Amount of Each Receipt this Period  300.00			
Name of Employer Vincent Jabour MD	Occupation Doctor	n	A Contribution to the Federal PAC			
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00				
SUBTOTAL of Receipts This Page (optional)	)		820.00			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 42 (check only one)    X		
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions		
Ohio State Medical Association Politic	cal Action Co	ommittee			
Full Name (Last, First, Middle Initial)  Dr. Paul Russell Jennewine			Date of Receipt		
Mailing Address 6850 Sloebig Rd  City	State	Zip Code	0 5 0 6 2 0 0 8 Transaction ID: T24503		
Middletown	OH	45042-9448	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		300.00		
Name of Employer Middletown Medical Group Inc	Occupatio Doctor	n	A Contribution to the Federal PAC		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00			
Full Name (Last, First, Middle Initial)  Dr. Joe Michael Hazel	·		Date of Receipt		
Mailing Address 2324 Saint Paris Pike	City State Zip Code				
Springfield	OH	45504-4616	Transaction ID: T24476  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		300.00		
Name of Employer Associated Dermatologists Inc	Occupatio Doctor	n	A Contribution to the Federal PAC		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	]		
Full Name (Last, First, Middle Initial) Dr. Margaret Mary LeMasters			Date of Receipt		
Mailing Address 6 Cypress Garden St			05 / 06 / 2008		
City	State	Zip Code	Transaction ID: T24465		
Cincinnati  FEC ID number of contributing federal political committee.	OH C	45220-1121	Amount of Each Receipt this Period  500.00		
Name of Employer For Women Inc	Occupatio Doctor	n	A Contribution to the Federal PAC		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (optional)	1		1100.00		
TOTAL This Period (last page this line number	only)				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 42 (check only one)    X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Ohio State Medical Association Political	name and add	dress of any political committee to	on for the purpose of soliciting contributions
	ai AUIIUII UU	mmulee	
Full Name (Last, First, Middle Initial) Dr. James A Bryant			Date of Receipt
Mailing Address 1216 N Heincke Rd Box 54			05 06 2008
City <u>Miamisburg</u>	State OH	Zip Code 45342-2008	Transaction ID: T24500  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100 12 2000	300.00
Name of Employer Ohio Pediatrics Inc	Occupation Doctor	1	A Contribution to the Federal PAC
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. John A Burkhart			Date of Receipt
Mailing Address 4035 Fenwick Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Columbus	State OH	Zip Code 43220-4845	Transaction ID: T24420 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10201010	500.00
Name of Employer Retired	Occupation	1	A Contribution to the Federal PAC
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Anthony Joseph Armstrong			Date of Receipt
Mailing Address 6045 Miakonda Trl			05 06 2008
City	State	Zip Code	Transaction ID: T24433
Sylvania  FEC ID number of contributing federal political committee.	C	43560-2244	Amount of Each Receipt this Period  500.00
Name of Employer Westfield OB/GYN Associat- es	Occupation Doctor	n	A Contribution to the Federal PAC
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1300.00
TOTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 42 (check only one)    X
or f	y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Ohio State Medical Association Polit	he name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Onio State Medical Association Polit	icai Action Co	mmillee	_
	Full Name (Last, First, Middle Initial) Dr. Dean Ray Ball			Date of Receipt
	Mailing Address PO Box 5560			05 / 06 / 4 2008
	City Poland	State OH	Zip Code 44514-0560	Transaction ID: T24446  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Mahoning Valley Imaging	Occupation	n	A Contribution to the Federal PAC
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Dr. Louis Luke Barich			Date of Receipt
	Mailing Address 549 Main St	05 06 YYYYY 2008		
	City	State	Zip Code	Transaction ID: T24493
	<u>Hamilton</u>	OH	45013-3272	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Louis Luke Barich MD Inc	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Primary General Other (specify) ▼		1000.00	
	Full Name (Last, First, Middle Initial) Dr. Denise Louise Bobovnyik			Date of Receipt
	Mailing Address 3716 Tyler Dr			05 06 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: T24459
	Canfield	ОН	44406-8008	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			300.00
	Name of Employer Primary Care Specialists Inc	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
	JBTOTAL of Receipts This Page (optional)			1600.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 42 (check only one)    X   11a
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Ohio State Medical Association Politic	e name and addre	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Mary Jane Gombash Mailing Address 4571 Westbourne Rd  City Toledo  FEC ID number of contributing federal political committee.  Name of Employer Substance Abuse Services Inc Receipt For: Primary General Other (specify)	State OH  C  Occupation Doctor  Aggregate Y	Zip Code 43623-2015 /ear-to-Date ▼	Date of Receipt  0 5 0 6 2 0 0 8  Transaction ID: T24472  Amount of Each Receipt this Period  500.00  A Contribution to the Federal PAC
Full Name (Last, First, Middle Initial) Dr. Louis Jos R Goorey  Mailing Address 2201 Castle Crest Dr  City Worthington  FEC ID number of contributing federal political committee.  Name of Employer Retired  Receipt For: Primary General Other (specify)	State OH C Occupation Doctor Aggregate Y	Zip Code 43085-2901 /ear-to-Date ▼	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) Dr. Mark Richard Fox Mailing Address 127 Highland Dr  City Findlay FEC ID number of contributing federal political committee.  Name of Employer Blanchard Valley Medical Associates In Receipt For:  Primary General Other (specify)	State OH C Occupation Doctor Aggregate Y	Zip Code 45840  /ear-to-Date ▼	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)	1		1100.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 42 (check only one)  X 11a 11b 11c 12  13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any page the name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Ohio State Medical Association P	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr. Louito Catherina Edje		Date of Receipt
Mailing Address 1399 Fort St		05 06 2008
City	State Zip Code	Transaction ID: T24469
<u>Maumee</u>	OH 43537-3036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Fallen Timbers Family Phy- sicians Inc	Occupation Doctor	A Contribution to the Federal PAC
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Daniel J Clemens		Date of Receipt
Mailing Address 1145 Clearview D	05 06 YYYY 05 06 2008	
City	State Zip Code	Transaction ID: T24425
New Philadelphia	OH 44663-9460	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Tuscarawas Eye Centre Inc	Occupation Doctor	A Contribution to the Federal PAC
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Lance Allen Talmage		Date of Receipt
Mailing Address 45 Exmoor		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: T24519
Ottawa Hills	OH 43615-2174	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer The Toledo OB/GYN Associa- tes Inc	Occupation Doctor	A Contribution to the Federal PAC
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	242.88	
	nal)	900.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 42 (check only one)  X 11a 11b 11c 12 13 14 15 16
	Statements may not be sold or used by any per- ne name and address of any political committee	
NAME OF COMMITTEE (In Full) Ohio State Medical Association Polit	ical Action Committee	
Full Name (Last, First, Middle Initial) Dr. Warren F Muth		Date of Receipt
Mailing Address 7021 Garrison Ct	Ctata 7in Cada	05 09 2008
City Dayton	State Zip Code OH 45459-3447	Transaction ID: T24533  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer South Dayton Surgeons Inc	Occupation Doctor	A Contribution to the Federal PAC
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Alva Burton Payne		Date of Receipt
Mailing Address 2119 N Second St		05 09 2008
City	State Zip Code	Transaction ID: T24531
Ironton	OH 45638-1055	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00  A Contribution to the Fed-
Name of Employer Self-Employed	Occupation Doctor	eral PAC
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	_
Other (specify)	300.00	
Full Name (Last, First, Middle Initial) Dr. David Foster Colombo		Date of Receipt
Mailing Address 484 N Parkview Ave		05 09 7 9 2008
City	State Zip Code	Transaction ID: T24538
Columbus	OH 43209-1011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00  A Contribution to the Fed-
Name of Employer OSU Maternal Fetal Medici- ne	Occupation Doctor	eral PAC
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SURTOTAL of Receipts This Page (optional)		1600.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 42 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Ohio State Medical Association Poli	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Vincent Mark Gioia Mailing Address 35 Jenna Way			Date of Receipt  0 5 0 9 2 0 0 8
City Wheeling	State WV	Zip Code 26003-5669	Transaction ID: T24534  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	C	n	300.00  A Contribution to the Fed-
Name of Employer Valley Eye Care Inc  Receipt For:  Primary General  Other (specify) ▼	Doctor	e Year-to-Date ▼ 300.00	eral PAC
Full Name (Last, First, Middle Initial) Dr. Gregor Kreul Emmert, Jr.  Mailing Address 2620 Falmouth Rd			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: T24529
Toledo	OH	43615-2212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Genito Urinary Surgeons Inc	Occupatio Doctor		A Contribution to the Federal PAC
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	]
Full Name (Last, First, Middle Initial) Dr. Harley Alfred Grim Mailing Address 407 Compton Rd	1		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: T24537
Cincinnati	OH	45215-4114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Harley A Grim MD Receipt For:	Occupatio Doctor	_	A Contribution to the Federal PAC
Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional	)		800.00

CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 42 (check only one)    X
ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Ohio State Medical Association Politi	e name and add	lress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Joseph Emil Centa			Date of Receipt
Mailing Address 1711 Seminary Rd  City	State	Zip Code	05 09 2008  Transaction ID: T24535
Milan	OH	44846-9471	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Joseph E Centa MD LLC	Occupation Doctor	1	A Contribution to the Federal PAC
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. James A Bryant			Date of Receipt
Mailing Address 1216 N Heincke Rd Box 54			05 09 7 2008
City	State	Zip Code	Transaction ID: T24539
Miamisburg	OH	45342-2008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Ohio Pediatrics Inc	Occupation Doctor	1	A Contribution to the Federal PAC
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	]
Full Name (Last, First, Middle Initial) Dr. Herman Irwin Abromowitz			Date of Receipt
Mailing Address 4255 Brookhill Ln			05 09 YYYYY 05 09 2008
City	State	Zip Code	Transaction ID: T24532
Dayton	OH	45405-1128	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00  A Contribution to the Fed-
Name of Employer Self-Employed	Occupation Doctor		eral PAC
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
UBTOTAL of Receipts This Page (optional)			900.00

	IEDULE A (FEC Form 3X)  IIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 42 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
or for	formation copied from such Reports and commercial purposes, other than using to the committee (In Full)	Statements mathe name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	nio State Medical Association Polit	ical Action Co	ommittee	
. <u>Dr</u> .	Il Name (Last, First, Middle Initial) Walter James Wielkiewicz			Date of Receipt
	illing Address 5180 Heritage Dr	State	Zip Code	05 09 2008
Cit Na	y ashport	OH	43830-9711	Transaction ID: T24530  Amount of Each Receipt this Period
FE	C ID number of contributing leral political committee.	C		300.00
	me of Employer meCare Of Southeastern iio Inc	Occupatio Doctor	n	A Contribution to the Federal PAC
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Dr.	ll Name (Last, First, Middle Initial) David William Wiltse			Date of Receipt
Ma 	iling Address 1193 Balmoral Dr			05 13 2008
Cit	•	State	Zip Code	Transaction ID: T24550
	ncinnati	OH	45233-4802	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		300.00  A Contribution to the Fed-
Na Gr Inc	me of Employer oup Health Associates :	Occupatio Doctor	on	eral PAC
Re	ceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	
	ll Name (Last, First, Middle Initial) Lance Allen Talmage	1		Date of Receipt
Ma	iling Address 45 Exmoor			05 15 2008
Cit		State	Zip Code	Transaction ID: T21582
	tawa Hills	OH	43615-2174	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		35.71
tes	me of Employer e Toledo OB/GYN Associa- i Inc	Occupatio Doctor	_	A Contribution to the Federal PAC
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 278.59	7
				635.71

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 42 (check only one)    X			
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  Ohio State Medical Association Pol	d Statements may not be sold or used by any persithe name and address of any political committee to	on for the purpose of soliciting contributions			
Full Name (Last, First, Middle Initial) Dr. Lisa Bohman Egbert Mailing Address 790 W Rahn Rd  City Kettering FEC ID number of contributing federal political committee.  Name of Employer Paragon Womens Care Inc	State Zip Code OH 45429-2043  C Occupation Doctor	Date of Receipt    M			
Receipt For:  Primary General Other (specify)	Aggregate Year-to-Date ▼ 416.65				
Dr. Joseph Robert Lach  Mailing Address 6972 Harbor Dr NW	1	Date of Receipt    M			
City	State Zip Code	Transaction ID: T23952			
Canton  FEC ID number of contributing federal political committee.	OH 44718-3745	Amount of Each Receipt this Period			
Name of Employer West Medical Inc	Occupation Doctor	A Contribution to the Federal PAC			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00				
Full Name (Last, First, Middle Initial) Dr. J. Steven Polsley Millian Address 400 New Heres Po		Date of Receipt			
Mailing Address   162 New Haven Dr	Mailing Address 162 New Haven Dr				
City	State Zip Code	Transaction ID: T24618			
Urbana FEC ID number of contributing federal political committee.	OH 43078-2252	Amount of Each Receipt this Period  104.17			
Name of Employer Family Physicians Of Urbana Inc Receipt For:  Primary General Other (specify) ▼	Occupation Doctor  Aggregate Year-to-Date   270.81	A Contribution to the Federal PAC			
SUBTOTAL of Receipts This Page (optional	)	287.50			

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 42 (check only one)  X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\angle$	Ohio State Medical Association Politic	cai Action Co	ommittee	
	Full Name (Last, First, Middle Initial) Dr. Robyn Fortner Chatman			Date of Receipt
	Mailing Address 6310 Elwynne Dr			05 16 2008
	City <u>Cincinnati</u>	State OH	Zip Code 45236-4014	Transaction ID: T24646  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.79
	Name of Employer Trinity Family Medicine	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify)	1	e Year-to-Date ▼ 207.37	
_	Full Name (Last, First, Middle Initial) Dr. Elizabeth Ann Clark			Date of Receipt
	Mailing Address 4038 Clifton Ridge Dr			05 16 2008
	City	State	Zip Code	Transaction ID: T24642
	Cincinnati	OH	45220-1146	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer For Women Inc	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. Stephen Terry House			Date of Receipt
	Mailing Address 5501 Sagewood Dr			0 5 2 1 2 0 0 8
	City	State	Zip Code	Transaction ID: T24674
	Miamisburg FEC ID number of contributing federal political committee.	C	45342-7876	Amount of Each Receipt this Period 300.00
	Name of Employer Self-Employed	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For:  Primary General  Other (specify) ▼	_ '	e Year-to-Date ▼ 300.00	
$\lceil$	SUBTOTAL of Receipts This Page (optional)	1		835.79

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 42 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
Ar	y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Ohio State Medical Association Politi	ical Action Co	mmittee	
	Full Name (Last, First, Middle Initial) Dr. Richard Alan Edgin			Date of Receipt
	Mailing Address 4320 Woodhall Rd			05 23 7 4 4 4
	City	State	Zip Code	Transaction ID: T24685
	Columbus  FFG ID number of contribution	ОН	43220-4378	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Ohio Gastroenterology Gro- up Inc	Occupation Doctor	1	A Contribution to the Federal PAC
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial) Dr. William Louis Buente	1		Date of Receipt
	Mailing Address 1454 Tipton Ln			05 23 YYYY 2008
	City	State	Zip Code	Transaction ID: T24688
	Stout	OH	45684-8969	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00  A Contribution to the Fed-
	Name of Employer Southern Ohio Radiologists	Occupation Doctor	1	eral PAC
	Receipt For:	- I	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	
	Full Name (Last, First, Middle Initial) Dr. Louis William Ralofsky			Date of Receipt
	Mailing Address 220 Yorkshire PI			05 23 YYYY 2008
	City	State	Zip Code	Transaction ID: T24687
	Bellevue	OH	44811-9006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer NOMS Lifestages Family Pr- actice	Occupation Doctor	_	A Contribution to the Federal PAC
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	7
	Other (specify) ▼	0 0	300.00	
	UBTOTAL of Receipts This Page (optional)			900.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 42 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
, A	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Ohio State Medical Association Politi	cal Action Co	ommittee	
	Full Name (Last, First, Middle Initial) Dr. David B Robie			Date of Receipt
	Mailing Address 4605 Sawmill Rd			05 23 2008
	City Upper Arlington	State OH	Zip Code 43220-2246	Transaction ID: T24686  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Ohio Orthopedic Center Of Excellence I Receipt For:  Primary General Other (specify) ▼	Occupation Doctor Aggregate	e Year-to-Date ▼ 500.00	A Contribution to the Federal PAC
_	Full Name (Last, First, Middle Initial) Dr. Colette Renee Willins Mailing Address 35985 Bentley Dr			Date of Receipt
				06 02 2008
	City Avon	State OH	Zip Code 44011-1888	Transaction ID: T24720
	FEC ID number of contributing federal political committee.	C	44011-1000	Amount of Each Receipt this Period  300.00
	Name of Employer Premier Physicians Centers	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	
_	Full Name (Last, First, Middle Initial) Dr. Robyn Fortner Chatman			Date of Receipt
	Mailing Address 6310 Elwynne Dr			0 6 1 3 2 0 0 8
	City	State	Zip Code	Transaction ID: T24800
	Cincinnati FEC ID number of contributing federal political committee.	ОН	45236-4014	Amount of Each Receipt this Period  35.79
	Name of Employer Trinity Family Medicine	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 243.16	
	SUBTOTAL of Receipts This Page (optional).	•		835.79

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 42 (check only one)    X   11a
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Ohio State Medical Association Politi	cal Action Co	ommittee	
, <u></u>	Full Name (Last, First, Middle Initial) Dr. Steven Francis Brezny			Date of Receipt
	Mailing Address 4339 Village Club Dr			06 16 2008
	City Powell	State OH	Zip Code 43065-7324	Transaction ID: T24560  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer Family Physicians At Wedg- ewood	Occupation Doctor		A Contribution to the Federal PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Lisa Bohman Egbert			Date of Receipt
	Mailing Address 790 W Rahn Rd			06 16 2008
	City	State OH	Zip Code	Transaction ID: T23247
	Kettering FEC ID number of contributing federal political committee.	C	45429-2043	Amount of Each Receipt this Period  83.33
	Name of Employer Paragon Womens Care Inc	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 499.98	
	Full Name (Last, First, Middle Initial) Dr. Richard Robert Ellison			Date of Receipt
	Mailing Address 726 White Tail Ridge	Dr		06 16 2008
	City	State	Zip Code	Transaction ID: T24601
	Fairlawn FEC ID number of contributing federal political committee.	C	44333-3290	Amount of Each Receipt this Period  125.00
	Name of Employer Summit Ophthalmology Inc	Occupation Doctor	n	A Contribution to the Federal PAC
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Γ,	SUBTOTAL of Receipts This Page (optional)	1		333.33

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 42 (check only one)  X 11a 11b 11c 12 13 14 15 16
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Ohio State Medical Association Politic	cal Action Co	ommittee	
_	Full Name (Last, First, Middle Initial) Dr. Scott Thomas Dull			Date of Receipt
	Mailing Address 2909 Pembroke Rd			06 16 2008
	City Toledo	State OH	Zip Code 43606-2240	Transaction ID: T24593
	FEC ID number of contributing federal political committee.	C	43000-2240	Amount of Each Receipt this Period  125.00
	Name of Employer Neurosurgical Network Inc	Occupatio	n	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify)	Doctor Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. J. Steven Polsley			Date of Receipt
	Mailing Address 162 New Haven Dr			0 6 1 6 2 0 0 8
	City	State	Zip Code	Transaction ID: T24619
	Urbana	OH	43078-2252	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		104.17
	Name of Employer Family Physicians Of Urba- na Inc	Occupatio Doctor	n	A Contribution to the Federal PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		374.98	
	Full Name (Last, First, Middle Initial) Dr. Lance Allen Talmage			Date of Receipt
	Mailing Address 45 Exmoor			06 16 2008
	City	State	Zip Code	Transaction ID: T21583
	Ottawa Hills	OH	43615-2174	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		35.71
	Name of Employer The Toledo OB/GYN Associa- tes Inc	Occupatio Doctor		A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 314.30	
$\Gamma$	SUBTOTAL of Receipts This Page (optional)	1		264.88

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 42 (check only one)    X   11a
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Ohio State Medical Association Politic	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
λ.	Full Name (Last, First, Middle Initial) Dr. Joseph Robert Lach  Mailing Address 6972 Harbor Dr NW  City Canton  FEC ID number of contributing federal political committee.  Name of Employer West Medical Inc  Receipt For: Primary General Other (specify)	State OH C Occupation Doctor Aggregate	Zip Code 44718-3745 n e Year-to-Date ▼	Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 3.	Full Name (Last, First, Middle Initial) Dr. Cathleen Minges Mucenski Mailing Address 7870 Dennler Ln  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Hamilton Anesthesia Associates Inc Receipt For:  Primary General Other (specify)	State OH C Occupation Doctor Aggregate	Zip Code 45247-5505 n • Year-to-Date ▼ 400.00	Date of Receipt    M   M   D   D   Z 7   Z 0 0 8
 ;.	Full Name (Last, First, Middle Initial) Dr. Gary Steven Collier  Mailing Address 4160 Tallman Trl  City  Dayton  FEC ID number of contributing federal political committee.  Name of Employer Miami Valley Hospital  Receipt For:  Primary General Other (specify)	State OH C Occupation Doctor Aggregate	Zip Code 45430-1970 n • Year-to-Date ▼	Date of Receipt  M M M D D D D Y Y Y Y Y Y  O 6 27 2008  Transaction ID: T24905  Amount of Each Receipt this Period  300.00  A Contribution to the Federal PAC
5	SUBTOTAL of Receipts This Page (optional)		<b>)</b>	600.00
Г	OTAL This Period (last page this line number	only)		25896.33

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 42 (check only one)  11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Ohio State Medical Association Polit	Statements may not be sold or used by any pene name and address of any political committee	
Full Name (Last, First, Middle Initial) JP Morgan Chase Bank Mailing Address P O Box 710634  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer JP Morgan Chase Bank	State Zip Code OH 43240-0634  C  Occupation BANK	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3764.18	
Full Name (Last, First, Middle Initial) JP Morgan Chase Bank Mailing Address P O Box 710634		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: T25013
Columbus	OH 43240-0634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer JP Morgan Chase Bank	Occupation	A Credit to the Federal Account
Receipt For: Primary General Other (specify)	BANK Aggregate Year-to-Date ▼ 3791.37	
Full Name (Last, First, Middle Initial)	_	5. (5. )
JP Morgan Chase Bank  Mailing Address P O Box 710634		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: T25014
Columbus  FEC ID number of contributing federal political committee.	OH 43240-0634	Amount of Each Receipt this Period  37.46
Name of Employer JP Morgan Chase Bank	Occupation BANK	A Credit to the Federal Account
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3828.83	
SUBTOTAL of Receipts This Page (optional)		84.17
,		84.17

TEMPED DIODURO FAENTO	Use separate schedule(s	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	e 21b X 22 23 24 25 27 28a 28b 28c 29
	ame and address of any politica	sed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee
Full Name (Last, First, Middle Initial)  AMPAC  Mailing Address 25 Massachusetts Ave	NW Ste 600	Transaction ID: A1722894 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington Purpose of Disbursement	State Zip Code DC 20001-7400	2030.00
AMPAC certification Candidate Name		O08 Category/ Type
	rsement For: 2008  X Primary General  Other (specify) ▼	al
Full Name (Last, First, Middle Initial)  AMPAC  Mailing Address 25 Massachusetts Ave	NW Ste 600	Transaction ID: A1722896 Date of Disbursement  M 4 M / D 2 B / Y Y Y O N 8
City Washington Purpose of Disbursement AMPAC certification	State Zip Code DC 20001-7400	Amount of Each Disbursement this Period 550.00
Candidate Name  Office Sought: House Senate President State: District:	rsement For: 2008 Primary X General Other (specify)	Category/ Type
Full Name (Last, First, Middle Initial) AMPAC		Transaction ID: A1722907 Date of Disbursement
Mailing Address 25 Massachusetts Ave		05 19 2008
City Washington Purpose of Disbursement	State Zip Code DC 20001-7400	Amount of Each Disbursement this Period 6600.00
AMPAC certification  Candidate Name		O08 Category/ Type
Office Sought: House Senate President State: District:	rsement For: 2008 Primary X General Other (specify)	l <sub>E</sub>
SUBTOTAL of Disbursements This Page (optional	al)	9180.00
TOTAL This Period (last page this line number on	ily)	9180.00

SCHEDULE B (FEC I	-	Use sepa	rate schedule(s)		OR LINE	-	₹:	PA	GE 35/	42
ITEMIZED DISBURSE	EMENTS	for each o	category of the Summary Page		check only 21b 27	one) 22 28a	X 23 28b	24 28c	25 29	
Any Information copied from such or for commercial purposes, other					y person f	or the pur	pose of so	oliciting co	ontribution	ıs
NAME OF COMMITTEE (In F		and addres	ss of arry political	COMMI	iillee lo so	ICIL COLLLII	Julions m	JIII SUCII C	Johnnillee	
Ohio State Medical Assoc	•	tion Comr	mittee							
Full Name (Last, First, Middle Friends Of Matt Dolan	Initial)						ction ID:		2958	
Mailing Address 1500 W	3rd St Ste 120					0 6	1 / 1	5 / Y	žoŏ	8 <sup>Y</sup>
City Cleveland		State OH	Zip Code 44113-1447			Amour	t of Each	Disburse	ment this	
Purpose of Disbursement Contribution - Returned Checl	ζ			0	11				-2200.0	00
Candidate Name					egory/ /pe					
Office Sought: House Senate Preside		ment For: Primary Other (spec	2008 General							
State: District:			- 37 🔻							
Full Name (Last, First, Middle People For Wyderski	Initial)						ction ID: Disburse		2966	
Mailing Address 164 Ear				0 6	/ D	5 / Y	200	8 <sup>Y</sup>		
City Dayton		State OH	Zip Code 45440-3666			Amour	t of Each	Disburse	ment this	Perio
Purpose of Disbursement Contribution - Returned Checl	(			0	11				-500.0	00
Candidate Name People For Wyderski		Category/ Type								
Office Sought: House Senate Preside		ment For: Primary Other (spec	2008 General							
State: District:										
Full Name (Last, First, Middle The Printing Network Inc	Full Name (Last, First, Middle Initial) The Printing Network Inc					Date o	ction ID: Disburse	ement		
Mailing Address 490 City	/ Park Ste 200					0 6	1	5 / Y	200	8
City Columbus		State OH	Zip Code 43215-5780			Amour	t of Each	Disburse	ment this	
Purpose of Disbursement Returned Check	Returned Check			011		<u></u>			-572.5	8
Candidate Name					egory/ /pe					
Office Sought: House Senate Preside		ment For: Primary Other (spec	2008 General cify) ▼							
State: District:										
SUBTOTAL of Disbursements 7	his Page (optional) .								-3272.5	8
TOTAL This Period (last page the	nie line number only)				•		-	· -	-3272.5	8

31	CHEDULE B (FEC Form	3X)	Use sepa	rate schedule(s)		_		NUMB	ER:		F	PAGE	36 / 4	2
IT	EMIZED DISBURSEMEN	TS	for each o	category of the Summary Page			eck on 21b 27	y one) 22 28a		23 [ 28b	24		25 29	
	y Information copied from such Reports for commercial purposes, other than using					ny p	erson	for the p	urpose	of so	liciting	contribu	ıtions	
Or \	NAME OF COMMITTEE (In Full)	ng the name	and addres	ss or any political	COITI	mille	e to so	DIICIL CON	tributio	IIS IIO	m such	COMM	ilee	
$\rangle$	Ohio State Medical Association F	Political Act	ion Comi	mittee										
	Full Name (Last, First, Middle Initial) Friends Of Jim Raussen							_	saction of Dis		A172 ment	22893		
	Mailing Address 661 Park Ave							0 <sup>M</sup> 4	M /	0	7 /	Ý Ž (	8 Ó c	Y
	City Cincinnati		tate )H	Zip Code 45246-2115				Amo	unt of	Each I	Disburs	sement		-
	Purpose of Disbursement					001		L		-	-	50	00.00	_
	Candidate Name					itego Type	-							
	Office Sought: House Senate President		nent For: Primary Other (spe	2008 X General cify) <b>V</b>										
	State: District:													
	Full Name (Last, First, Middle Initial) Husted For Ohio								of Dis	burse		22892		
	Mailing Address 148 Sherbrooke Dr							0 <sup>M</sup> 4	M /	0	7 /	ž	8 ó c	Y
	City Kettering		tate )H	Zip Code 45429-1742				Amo	unt of	Each I	Disburs	sement	this P	erio
	Purpose of Disbursement					001		L				50	00.00	-
	Candidate Name				tego Type									
	Office Sought: House Senate President		nent For: Primary Other (spe	2008 X General cify) ▼										
	State: District: Full Name (Last, First, Middle Initial)							_			A 470			
	The Printing Network Inc							Date	of Dis	burse			V	V
	Mailing Address 490 City Park S	Ste 200						0 4		1	6	2 (	8 ö́ c	
	City Columbus		tate )H	Zip Code 43215-5780				Amo	unt of	Each I	Disburs	sement t		_
	Purpose of Disbursement					001						1303	39.37	-
	Candidate Name				Са	tego Type	ry/							
	Office Sought: House Senate President		nent For: Primary Other (spe	2008 X General cify) <b>V</b>										
	State: District:													

	LE B (FEC Form	Use ser	parate schedule(s)		E NUMBER: PAGE 37 / 42
TEMIZE	D DISBURSEMEN	TS for each	n category of the I Summary Page	(check on 21b 27	ly one)  22 23 24 25 2  28a 28b 28c X 29
				by any person	for the purpose of soliciting contributions
		ng the name and addre	ess of any political	committee to so	olicit contributions from such committee
\	COMMITTEE (In Full) te Medical Association I	Political Action Con	nmittee		
	(Last, First, Middle Initial)				Transaction ID: A1722897
Mecklent	oorg For State Represer	itative			Date of Disbursement
Mailing Ad	ldress 6648 Pownerfa	rm Dr			$ \begin{bmatrix} 0 & 4 & M \\ 0 & 4 & M \end{bmatrix} \begin{bmatrix} 0 & 2 & 0 \\ 0 & 2 & 0 \end{bmatrix} \begin{bmatrix} 0 & 2 & 0 \\ 0 & 2 & 0 \end{bmatrix} \begin{bmatrix} 0 & 2 & 0 \\ 0 & 2 & 0 \end{bmatrix} \begin{bmatrix} 0 & 2 & 0 \\ 0 & 2 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} $
City Cincinna	ti	State OH	Zip Code 45248-2972		Amount of Each Disbursement this Period
Purpose o	f Disbursement				250.00
Candidate	Name			001 Category/	
Office Sou	ight: House	Disbursement For:	2008	Туре	
011100 000	Senate President	Primary Other (sp	X General		
State:	District:		<i>3</i> , <b>↓</b>		
	(Last, First, Middle Initial)				Transaction ID: A1722902
Karen Gi	Ilmor For Ohio				Date of Disbursement
Mailing Ad	ldress 514 Hedgegate	North Ct		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
City Tiffin		State OH	Zip Code 44883-3183		Amount of Each Disbursement this Perio
Purpose o	f Disbursement			001	2500.00
Candidate	Name			Category/ Type	
Office Sou	ght: House Senate President	Disbursement For: Primary Other (sp	2008 X General		
State:	District:	Other (sp	ecity) \		
	(Last, First, Middle Initial) er For Representative C	ommittee			Transaction ID: A1722899 Date of Disbursement
Mailing Ad	Idress 105 W Liberty	St			$\begin{bmatrix} 0.5 & \text{M} & \text{M} & \text{D} & \text{D} & \text{D} & \text{M} & \text{Y} &$
City Medina		State OH	Zip Code 44256-2215		Amount of Each Disbursement this Perio
Purpose o	f Disbursement				250.00
Candidate	Name			001 Category/ Type	
Office Sou	Senate	Disbursement For: Primary Other (sp	2008  X General pecify)	712-2	
	President				
State:	District:				

		Use separate schedule(s)	)	_	eck only	NUMBE	n.		L	PAGI	= 38/	42
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		À	21b 27	22 28a		23 28b		8c ]	25 X 29	
	y Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) Ohio State Medical Association Political	ne and address of any politica										s
<u>/</u>	Full Name (Last, First, Middle Initial) Citizens For Hottinger  Mailing Address 2135 Horns Hill Rd					Date		burse		72289	98 Ž 0 Ŏ	B Y
	City Newark Purpose of Disbursement	State         Zip Code           OH         43055-9614			_	Amou	int of	Each	Disbu	rseme	nt this 500.0	
	Candidate Name	2000	Ca	001 ateg Type	ory/							
	Senate President State: District:	sement For: 2008 Primary X General Other (specify)										
	Full Name (Last, First, Middle Initial)  Committee To Elect John Adams  Mailing Address 1509 Bon Air Cir					Trans Date		burse			00 Ž 0 Ŏ i	B Y
	City Sidney Purpose of Disbursement	State Zip Code OH 45365-2068			-	Amou	int of	Each	Disbu	rseme	nt this 150.0	
	Candidate Name		Ca	001 ateg Type	ory/							
	Office Sought: House Disburg Senate President State: District:	sement For: 2008 Primary X General Other (specify) ▼										
	Full Name (Last, First, Middle Initial) Fende For State Representative					Trans Date		burse	ment		-	V
	Mailing Address 372 E 328th St					0 5		0	7	Ľ.	žoŏ	8
	City Eastlake	State         Zip Code           OH         44095-3308				Amou	int of	Each	Disbu	rseme	nt this	
	Purpose of Disbursement  Candidate Name		Ca	001 ateg Type	ory/		•				250.0	U
	Office Sought: House Senate President State: District:	sement For: 2008 Primary X General Other (specify) ▼										

Transaction ID: A1722905 Date of Disbursement  Office Sought: House Persident State: Disbursement  City Senate President Senate President State: Disbursement  Office Sought: House Senate President Springboro OH 45066-9097  Purpose of Disbursement  City State Zip Code Springboro OH 45066-9097  Purpose of Disbursement  Other (specify) ▼  State Zip Code OH 45066-9097  Purpose of Disbursement  Other (specify) ▼  City State Disbursement  Other (specify) ▼  Other (specify) ▼  Other (specify) ▼  Transaction ID: A1722904  Amount of Each Disbursement this Perio Disbursement  Other (specify) ▼  Amount of Each Disbursement this Perio Disbursement  Other (specify) ▼  Transaction ID: A1722904  Amount of Each Disbursement this Perio Disbursement  Other (specify) ▼  Transaction ID: A1722904  Amount of Each Disbursement this Perio Disbursement  Other (specify) ▼  Other (specify) ▼  Transaction ID: A1722904  Amount of Each Disbursement this Perio Disbursement  Other (specify) ▼  Transaction ID: A1722904  Date of Disbursement  Other (specify) ▼  Other (specify) ▼  Transaction ID: A1722904  Date of Disbursement this Perio Disbursement  Other (specify) ▼  Other (specify) ▼  Other (specify) ▼  Transaction ID: A1722904  Date of Disbursement this Perio Disbursement this Perio Disbursement Disb	TEMES DISCUSSION	Use separate schedule(s	(check on	E NUMBER: PAGE 39 / 42
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee  Full Name (Last, First, Middle Initial) Friends Of Bill Coley  Mailing Address 8265 Cherry Laurel Dr  City Middletown OH 45044-8347  Purpose of Disbursement  City State:  Disbursement For: 2008  Mailing Address 800 Valley View Point  City Share Disbursement  City OH 45066-9097  Purpose of Disbursement  Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial) Friends Of Matt Dolan  Mailing Address 1500 W 3rd St Ste 120  City Claveland  OH 44113-1447  Purpose of Disbursement  Office Sought:  House Senate President  Disbursement For: 2008 Primary  Clored Oisbursement  Office Sought:  Full Name (Last, First, Middle Initial) Friends Of Matt Dolan  Mailing Address 1500 W 3rd St Ste 120  City Cleveland  OH 44113-1447  Purpose of Disbursement  Office Sought:  House Senate President  OH 44113-1447  Purpose of Disbursement  Office Sought:  House Senate President  OH 44113-1447  Purpose of Disbursement  Office Sought:  House Senate President  OH 44113-1447  Purpose of Disbursement  OH OH Category' Type  Office Sought:  House Senate President  OH	ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 23 24 25
Friends Of Bill Coley  Mailing Address 8265 Cherry Laurel Dr  City State Zip Code Middletown OH 45044-8347  Purpose of Disbursement  Candidate Name  Other (specify) ▼  District:  Full Name (Last, First, Middle Initial) Friends Of Sannon Jones  Mailing Address 800 Valley View Point  City Springboro OH 45066-9097  Purpose of Disbursement  Candidate Name  Other (specify) ▼  Disbursement For: 2008 Amount of Each Disbursement this Perior Type  Transaction ID: A1722904  Date of Disbursement this Perior Spring Address Sonate Disbursement For: 2008 Amount of Each Disbursement this Perior Springboro OH 45066-9097  Purpose of Disbursement  Candidate Name  Other (specify) ▼  District:  Full Name (Last, First, Middle Initial) Friends Of Matt Dolan  Mailing Address 1500 W 3rd St Ste 120  City Sessate Primary Code Cleveland OH 44113-1447  Purpose of Disbursement  Other (specify) ▼  Disbursement For: 2008 Amount of Each Disbursement this Perior Spring Address 1500 W 3rd St Ste 120  City Sessate Primary Code Cleveland OH 44113-1447  Purpose of Disbursement  Other (specify) ▼  Disbursement For: 2008 Amount of Each Disbursement this Perior Spring Amount of Each Disbursement this Perior Spring Amount of Each Disbursement this Perior Spring Amount of Each Disbursement Top Spring Amount of Each Disbursem	or for commercial purposes, other than using the na  NAME OF COMMITTEE (In Full)	me and address of any politica		
Friends Of Bill Coley  Mailing Address 8265 Cherry Laurel Dr  City State Zip Code Middletown OH 45044-8347  Purpose of Disbursement  Candidate Name  Other (specify) ▼  District:  Full Name (Last, First, Middle Initial) Friends Of Sannon Jones  Mailing Address 800 Valley View Point  City Springboro OH 45066-9097  Purpose of Disbursement  Candidate Name  Other (specify) ▼  Disbursement For: 2008 Amount of Each Disbursement this Perior Type  Transaction ID: A1722904  Date of Disbursement this Perior Spring Address Sonate Disbursement For: 2008 Amount of Each Disbursement this Perior Springboro OH 45066-9097  Purpose of Disbursement  Candidate Name  Other (specify) ▼  District:  Full Name (Last, First, Middle Initial) Friends Of Matt Dolan  Mailing Address 1500 W 3rd St Ste 120  City Sessate Primary Code Cleveland OH 44113-1447  Purpose of Disbursement  Other (specify) ▼  Disbursement For: 2008 Amount of Each Disbursement this Perior Spring Address 1500 W 3rd St Ste 120  City Sessate Primary Code Cleveland OH 44113-1447  Purpose of Disbursement  Other (specify) ▼  Disbursement For: 2008 Amount of Each Disbursement this Perior Spring Amount of Each Disbursement this Perior Spring Amount of Each Disbursement this Perior Spring Amount of Each Disbursement Top Spring Amount of Each Disbursem	Full Name (Last, First, Middle Initial)			Transaction ID: A1792005
City Middletown  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary Ageneral Primary Ageneral President Disbursement  Candidate Name  Office Sought: House Senate Primary Ageneral Primary Ageneral Primary Ageneral Disbursement To: 2008  Springboro OH 45066-9097  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: 2008  Springboro OH 45066-9097  Purpose of Disbursement  Office Sought: House Disbursement For: 2008  Senate Primary Ageneral Disbursement This Perior Category Type  Office Sought: House Disbursement For: 2008  Senate Primary Ageneral Disbursement This Perior Disbursement This	,			Date of Disbursement
Middletown  OH 45044-8347  Purpose of Disbursement  Office Sought: House Senate Primary X General Other (specify) ▼  Full Name (Last, First, Middle Initial) Friends Of Shannon Jones  Mailing Address 800 Valley View Point  City Springboro OH 45066-9097  Purpose of Disbursement  Office Sought: House Senate Primary X General Other (specify) ▼  Office Sought: OH Other (specify) ▼  Transaction ID: A1722904  Date of Disbursement  Other (specify) ▼  Amount of Each Disbursement this Perior Category/ Type  Office Sought: Other (specify) ▼  Transaction ID: A1722904  Date of Disbursement  Other (specify) ▼  Transaction ID: A1722904  Date of Disbursement this Perior Category/ Type  Transaction ID: A1722904  Date of Disbursement this Perior Category/ Type  Transaction ID: A1722904  Date of Disbursement this Perior Category/ Type  Office Sought: Other (specify) ▼	Mailing Address 8265 Cherry Laurel Dr			05 15 2008
Candidate Name  Office Sought:			,	Amount of Each Disbursement this Period
Cardidate Name    Category/ Type	Purpose of Disbursement		001	250.00
Senate Prissident State: District:  Full Name (Last, First, Middle Initial) Friends Of Shannon Jones  Mailing Address 800 Valley View Point  City Springboro Purpose of Disbursement  Candidate Name  Disbursement For: Senate Primary X General Other (specify) ▼  Transaction ID: A1722904 Date of Disbursement  Office Sought:  Full Name (Last, First, Middle Initial) Friends Of Matt Dolan  Mailing Address 1500 W 3rd St Ste 120  City Cleveland OH 44113-1447  Purpose of Disbursement  City Cleveland OH 44113-1447  Purpose of Disbursement  Candidate Name  Disbursement For: 2008 Primary X General Other (specify) ▼  Amount of Each Disbursement this Perion Disbursement  Office Sought:  Amount of Each Disbursement this Perion Disbursement  Office Sought:  Office Sought:  House Primary X General Other (specify) ▼  Amount of Each Disbursement this Perion Disbursement  Office Sought:  Office Sought:  Disbursement For: 2008 Category/ Type  Office Sought:  Office	Candidate Name		Category/	
Full Name (Last, First, Middle Initial) Friends Of Shannon Jones  Mailing Address 800 Valley View Point  City Springboro OH 45066-9097  Purpose of Disbursement  Office Sought: House Senate Primary X General District:  Full Name (Last, First, Middle Initial) Friends Of Matt Dolan  Mailing Address 1500 W 3rd St Ste 120  City Cleveland OH 44113-1447  Purpose of Disbursement  City State Zip Code OH 44113-1447  Purpose of Disbursement  Office Sought: State Zip Code OH 44113-1447  Purpose of Disbursement  Office Sought: State Zip Code OH 44113-1447  Purpose of Disbursement  Office Sought: House Senate OH 44113-1447  Purpose of Disbursement  Office Sought: House Senate Primary X General Other (specify) ▼  Office Sought: House Senate Primary X General Other (specify) ▼  Office Sought: House Senate Primary X General Other (specify) ▼  Office Sought: House Senate Primary X General Other (specify) ▼  Office Sought: House Senate Primary X General Other (specify) ▼  Other (specify) ▼	Senate President	Primary X General		
Transaction ID: A1722903  City State Zip Code Springboro OH 45066-9097  Purpose of Disbursement  Office Sought: House Senate Primary X General President  Mailing Address 1500 W 3rd St Ste 120  City State Zip Code General Other (specify) ▼  Transaction ID: A1722903  Date of Disbursement this Perior 250.00  Transaction ID: A1722903  Date of Disbursement this Perior 250.00  Transaction ID: A1722903  Date of Disbursement this Perior 250.00  Transaction ID: A1722903  Date of Disbursement  Office Sought: State Zip Code OH 44113-1447  Purpose of Disbursement  Candidate Name  Disbursement For: 2008  Category/ Type  Office Sought: House Disbursement For: 2008  Senate Primary X General O1  Category/ Type  Office Sought: House Senate Primary X General Other (specify) ▼				Transaction ID: A1722004
City State Disbursement  City State Zip Code OH 44113-1447  Purpose of Disbursement  City State Zip Code OH 44113-1447  Purpose of Disbursement  City State Zip Code OH 44113-1447  City State Zip Code OH 44113-1447  City Cleveland OH 44113-1447  City State Zip Code OH Cleveland  City State State Zip Code OH Cleveland  City State State Zip Code OH Cleveland  City State State State Zip Code OH Cleveland  City State	•			Date of Disbursement
Springboro Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary X General Primary X General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Friends Of Matt Dolan  Mailing Address 1500 W 3rd St Ste 120  City State Zip Code Cleveland OH 44113-1447  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary X General Other (specify) ▼  Amount of Each Disbursement this Perior Category/ Type  Office Sought: House Senate Primary X General Other (specify) ▼  Other (specify) ▼  Amount of Each Disbursement this Perior Category/ Type  Office Sought: House Senate Primary X General Other (specify) ▼	Mailing Address 800 Valley View Point			05 15 2008
Candidate Name  Office Sought: House Senate Primary X General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Friends Of Matt Dolan  Mailing Address 1500 W 3rd St Ste 120  City State Zip Code Cleveland OH 44113-1447  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary X General Other (specify) ▼  Amount of Each Disbursement this Perior 250.00  City State Zip Code OH 44113-1447  Purpose of Disbursement  Oo1  Category/ Type  Office Sought: House Senate Primary X General Other (specify) ▼  Other (specify) ▼			,	Amount of Each Disbursement this Perio
Office Sought: House Senate Primary X General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Friends Of Matt Dolan  Mailing Address 1500 W 3rd St Ste 120  City Cleveland OH 44113-1447  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary X General Other (specify) ▼  Office Sought: House Senate Primary X General Other (specify) ▼  Office Sought: President Other (specify) ▼  Other (specify) ▼  Transaction ID: A1722903  Date of Disbursement   M 5 M / D 5	Purpose of Disbursement		001	250.00
Office Sought: House Senate Primary X General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Friends Of Matt Dolan  Mailing Address 1500 W 3rd St Ste 120  City Cleveland OH 44113-1447  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary X General Other (specify) ▼  Office Sought: House Senate Primary X General Other (specify) ▼  Office Sought: Disbursement For: 2008 Senate Primary X General Other (specify) ▼	Candidate Name		, ,	
Full Name (Last, First, Middle Initial) Friends Of Matt Dolan  Mailing Address 1500 W 3rd St Ste 120  City State Zip Code Cleveland OH 44113-1447  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary X General Other (specify) Type  Transaction ID: A1722903  Date of Disbursement  Amount of Each Disbursement this Perior 250.00	Senate President	Primary X General		
City State Zip Code Cleveland OH 44113-1447  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary X General President Other (specify)	Full Name (Last, First, Middle Initial)			Date of Disbursement
Cleveland OH 44113-1447  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary X General Other (specify)	Mailing Address 1500 W 3rd St Ste 120			05 15 2008
Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: 2008 Senate Primary X General President Other (specify)			,	Amount of Each Disbursement this Perio
Candidate Name  Category/ Type  Office Sought: House Disbursement For: 2008 Senate Primary X General President Other (specify)				250.00
Senate Primary X General President Other (specify) ▼	Candidate Name		Category/	
State. DISTRICT.	Senate President	Primary X General		
	State. DISTITUTE.			

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 28a 28b 28c X 29
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) Ohio State Medical Association Political			
Full Name (Last, First, Middle Initial)			Transaction ID: A1722906
Ohio House Democratic Caucus			Date of Disbursement
Mailing Address 340 E Fulton St			$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ I & S \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ I & I & S \end{smallmatrix} \end{bmatrix} $
City Columbus	State Zip Code OH 43215-5418		Amount of Each Disbursement this Period
Purpose of Disbursement	70213-3410		500.00
Candidate Name		001 Category/	
Office Sought:  Senate President State:  Disbu	sement For: 2008 Primary X General Other (specify) ▼	Туре	
Full Name (Last, First, Middle Initial)			Transaction ID: A1722908
Citizens For Combs			Date of Disbursement
Mailing Address 311 Niles Rd Ste F			$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ D & S & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ D & D & N \end{bmatrix} & \begin{bmatrix} Y & Y & Y \\ D & D & N \end{bmatrix} $
City Fairfield	State Zip Code OH 45014-2621		Amount of Each Disbursement this Period
Purpose of Disbursement		001	250.00
Candidate Name		Category/ Type	
Office Sought:  Senate President State:  Disbu	sement For: 2008 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) Citizens For Jim Hughes			Transaction ID: A1722909 Date of Disbursement
Mailing Address 14 E Gay St 2nd FI			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ O & D \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & S \end{bmatrix}$
City Columbus	State Zip Code OH 43215-3182		Amount of Each Disbursement this Period
Purpose of Disbursement		-	500.00
Candidate Name		001 Category/ Type	
Senate President	sement For: 2008 Primary X General Other (specify)	71: -	
State: District:			
			1250.00

	Use separate schedule(s)	FOR LINE NUMBER:   PAGE 41 / 42   (check only one)
 EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 23 24 25 27 28a 28b 28c X 29
	e and address of any political con	any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee
Full Name (Last, First, Middle Initial) Ohio Republican Party Judicial Fund  Mailing Address 211 S 5th St		Transaction ID: A1722911 Date of Disbursement  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Columbus Purpose of Disbursement	State         Zip Code           OH         43215-5203	Amount of Each Disbursement this Period 15000.00
Candidate Name		Category/ Type
 Office Sought: House Disburse Senate President State: District:	ement For: 2008 Primary X General Other (specify)	
Full Name (Last, First, Middle Initial)  Committee To Elect David Goodman  Mailing Address 7250 Talanth Place		Transaction ID: A1722912 Date of Disbursement  O 6 D 1 D 7 Y Y Y O 8
City New Albany Purpose of Disbursement	State Zip Code OH 43054-7002	Amount of Each Disbursement this Period 1000.00
Candidate Name  Office Sought: House Senate President  State: District:		Category/ Type
Full Name (Last, First, Middle Initial) Friends Of Matt Dolan		Transaction ID: A1722913 Date of Disbursement
Mailing Address 1500 W 3rd St Ste 120	Chake 7in Code	06 17 2008
City Cleveland Purpose of Disbursement	State         Zip Code           OH         44113-1447	Amount of Each Disbursement this Period 2500.00
Candidate Name		001 Category/ Type
Office Sought:  Senate  President  State:  Disburse  Senate  President	ement For: 2008 Primary X General Other (specify)	
UBTOTAL of Disbursements This Page (optional)		18500.00

A.

В.

President District:

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 42 / 42 (check only one)
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) Ohio State Medical Association Political Ad	ction Committee	
Full Name (Last, First, Middle Initial) Ohio Democratic Party		Transaction ID: A1722914 Date of Disbursement
Mailing Address 271 E State St		06 06 7 20 7 2008
City Columbus	State Zip Code OH 43215-4342	Amount of Each Disbursement this Period
Purpose of Disbursement		300.00
Candidate Name	Cat	egory/ ype
Senate President	ment For: 2008 Primary X General Other (specify)	
State: District:		
Full Name (Last, First, Middle Initial) Citizens For Wagoner		Transaction ID: A1722915 Date of Disbursement
Mailing Address 3331 Pelham Rd		06 06 7 27 7 7 2008
City Ottawa Hills	State Zip Code OH 43606-2469	Amount of Each Disbursement this Period
Purpose of Disbursement		500.00
Candidate Name		egory/ ype
Office Sought: House Disburse Senate President	ement For: 2008 Primary X General Other (specify)	

SUBTOTAL of Disbursements This Page (optional)	•	800.00
TOTAL This Period (last page this line number only)	•	39239.37

State: